

Medical Economics and Public Health

Group Practice in Glendale—A group consisting of Dr. A. G. Bower, Internal Medicine and Pediatrics; Fred Loring, Eye, Ear, Nose, and Throat; Arthur Munger, Obstetrics and Gynecology; Norman C. Paine, Surgery; Dr. Wright, Dentist, has been formed to practice in Glendale. The inclusion of a dentist in this group is indication of the present thought about the inclusiveness of medicine.

American Medical Association Bulletin—Doctor, if you have not done so, look over the May number of the A. M. A. Bulletin. It is interesting, discusses many subjects that we are all interested in. The Bulletin comes to you free as part of the service your national association renders you.

Ohio Medical Association Commends Sane Policy of Board of Health—In connection with the movement to reduce the mortality and morbidity rates through frequent health examinations, our committee has watched with interest the activities of the special state association committee on periodic health examinations; and would like to particularly emphasize the importance of the ruling of the State Director of Health, as set forth in the committee report. **THE DIRECTOR HAS HELD THAT HIS DEPARTMENT WILL DISCOURAGE ANY ATTEMPT UPON THE PART OF HEALTH OFFICERS TO CONDUCT PHYSICAL EXAMINATIONS, AS HE FEELS THAT IT IS NOT WITHIN THE AUTHORITY OR DUTY OF PUBLIC HEALTH OFFICIALS TO DIAGNOSE AND RENDER TREATMENT.**

While the state department of health organizes and conducts numerous clinics, their announced purposes are educational rather than for rendering treatment and medical attention. In several states, these publicly conducted clinics have developed into diagnosis and treatment centers instead of being confined to educational demonstrations. This naturally has led to vigorous protests against such socialized medicine.

The city of Chicago is now in the throes of experimental state medicine. A recent report of the secretary of the board of directors of the Municipal Tuberculosis Sanatorium says that 24,360 patients are under treatment by the twenty-one dispensary doctors.

Socialized medicine has also taken root in several of the larger universities, where for small compulsory fees, each student is furnished with a year's medical service and treatment. In one instance, the extension service of the University of Wisconsin openly advocates the adoption of such health service by the entire country.

Upon the subject of socialized medicine, the Cincinnati Enquirer has editorially declared that "the nationalization idea is a phantasy. Carried to its logical conclusion, it would strip the world of aspiration, human sympathy and healthy joy."

Upon several occasions, our committee has pointed out the fallacy of federal subsidies and federal interference with purely state activities. The House of Delegates of the state association at the seventy-seventh annual meeting in Dayton passed a resolution condemning the "state aid" practice and the trend toward a bureaucratic government. Just recently, the President of the United States, in a public statement directed to the various governmental department heads, declared that he would not approve of further expansion of federal aid to states, and outlined the hazards that are certain to follow such a course.

Taking Care of Tuberculosis Patients for Moderate Fees—Doctor Ralph B. Scheier, medical director

of the Canyon Sanatorium Annex and the Canyon Sanatorium, announces again to the medical profession and the public that, "For the benefit of patients unable to pay the regular rates at Canyon Sanatorium, Redwood City, we have established The Canyon Sanatorium Annex, where selected cases of tuberculosis will be provided with sanatorium care at \$15 per week. This rate is made only for incipient cases, and special application is required before admission."

In order to provide these special rates, the Canyon Sanatorium Annex is carrying on the traditional policies of the medical profession, by utilizing the profit which accrues from the Canyon Sanatorium to meet the deficit caused by helping those unable to help themselves completely, by taking care of them at a rate which is less than the cost of maintenance.

Should Schools Be Closed Because of Infectious Diseases?—The answer to this question is not as simple as first thought might suggest. It is by no means a settled one in the minds of public or private health physicians in this or other countries. The London Lancet recently discussed the subject editorially, taking the stand that "the experience of the school medical service of this country appears steadily to be crystalizing in a form opposed to the use of school closure as an instrument for the control of infectious disease."

"But while the experience of school medical officers in the service of local authorities is in general increasingly unfavorable to closure as a preventive measure against the spread of disease, it must be confessed that their practice does not always march with their precept. It is not uncommon for school medical officers to advise closure of an elementary school department on account of infectious disease when the attendance drops to a low level—perhaps in the neighborhood of 50 per cent of the normal—such closure being largely for the convenience of the education authority, and to save loss of grant from the treasury on account of low attendance rather than because the medical officer has any faith in closure as a means of controlling the outbreak. It needs something of the casuist to draw any clear distinction between the school medical officer acting on such a basis and the headmaster of a boarding school who closes his school on account of infectious disease. Is there not scope for both to review their methods and to define the procedure which will make for the greatest good of the children under their supervision?"

Fees in Industrial Cases—Under this title, the May number of the journal of the Indiana Medical Association contains a thoughtful editorial covering various phases of the medical problems of industry. The editorial is too long to reproduce in California and Western Medicine, but I do not hesitate to commend its careful perusal to all students of this burning question.

What We Must Designate as Grim Humor—The number of physicians treating venereal diseases appears to be constantly increasing, says Health News, New York State Department of Health.

"According to the records of the Division of Venereal Diseases, 863 physicians found at least one case of gonorrhea or syphilis during 1923, an increase of 669 over 1922. The total number of physicians submitting specimens to the laboratory in accordance with the Sanitary Code regulations is, in reality, much larger than the above figures would indicate, since 935 physicians submitted specimens in 1922 who did not do so in 1923, and 1367 sent in the required specimens during 1923 who had not done so in 1922. The total number who submitted specimens during the two-year period, 1922 and 1923, constitutes approximately 50 per cent of the registered physicians in the state, exclusive of New York City."

"When diploma-mill 'doctors' deal death," the New York Times recently asserted in an editorial, "the public is horrified. When genuine doctors ask for laws to protect the people from quacks and charlatans, a large and vocal part of the public sides with the get-degrees-quick impostors and take up their cry of bigotry, monopoly, and persecution."

"This," the editorial continues, "is the history of medical legislation everywhere. And since the legislators hear the voice of the people much more clearly than the voice of the expert, the diploma-mill 'doctors' who lack knowledge, training and professional honor, continue to practice."

In commenting upon this editorial, the Ohio State Journal of Medicine believes that "such an expression from the press is not only sincerely appreciated by reputable physicians, but it is a source of considerable comfort, as it presages the awakening of America to the menace of the incompetent and charlatan."

Business Ethics—Ethics is one of the fundamental pillars of society. They are not always written, and when they are, only general principles are enunciated. The principles of medical ethics which physicians have evolved from the Hippocratic oath, like all other ethics, is little more than an expansion of the Golden Rule.

There is food for thought for physicians in a study of the principles of business ethics adopted unanimously at the twelfth annual meeting of the Chamber of Commerce of the United States at Cleveland, in May.

The function of business is to provide for the material needs of mankind, and to increase the wealth of the world and the value and happiness of life. In order to perform its function it must offer a sufficient opportunity for gain to compensate individuals who assume its risks, but the motives which lead individuals to engage in business are not to be confused with the function of business itself. When business enterprise is successfully carried on with constant and efficient endeavor to reduce the costs of production and distribution, to improve the quality of its products, and to give fair treatment to customers, capital, management, and labor, it renders public service of the highest value.

We believe the expression of principles drawn from these fundamental truths will furnish practical guides for the conduct of business as a whole and for each individual enterprise.

1. The foundation of business is confidence, which springs from integrity, fair dealing, efficient service, and mutual benefit.

2. The reward of business for service rendered is a fair profit plus a safe reserve, commensurate with risks involved and foresight exercised.

3. Equitable consideration is due in business alike to capital, management, employees, and the public.

4. Knowledge—thorough and specific—and unceasing study of the facts and forces affecting a business enterprise are essential to a lasting individual success and to efficient service to the public.

5. Permanency and continuity of service are basic aims of business, that knowledge gained may be fully utilized, confidence established and efficiency increased.

6. Obligations to itself and society prompt business unceasingly to strive toward continuity of operation, bettering conditions of employment, and increasing the efficiency and opportunities of individual employees.

7. Contracts and undertakings, written or oral, are to be performed in letter and in spirit. Changed conditions do not justify their cancellation without mutual consent.

8. Representation of goods and services should be truthfully made and scrupulously fulfilled.

9. Waste in any form—of capital, labor, services,

materials, or natural resources—is intolerable, and constant effort will be made toward its elimination.

10. Excess of every nature—inflation of credit, overexpansion, overbuying, overstimulation of sales—which create artificial conditions and produce crises and depressions, are condemned.

11. Unfair competition, embracing all acts characterized by bad faith, deception, fraud, or oppression, including commercial bribery, is wasteful, despicable, and a public wrong. Business will rely for its success on the excellence of its own service.

12. Controversies will, where possible, be adjusted by voluntary agreement or impartial arbitration.

13. Corporate forms do not absolve from or alter the moral obligations of individuals. Responsibilities will be as courageously and conscientiously discharged by those acting in representative capacities as when acting for themselves.

14. Lawful co-operation among business men and in useful business organizations in support of these principles of business conduct is commended.

15. Business should render restrictive legislation unnecessary through so conducting itself as to deserve and inspire public confidence.

The Lay Press—"Few of us give due credit to the newspapers and literary magazines for the interest manifested relating to the practice of the healing art," says Frederick L. Van Sickle (Atlantic Medical Journal). "It was quite a general custom in former years to poke fun at the medical doctor for his errors and habits. Of late this has ceased to a great extent, and many of the better journals, as well as newspapers, have taken sides with the medical profession in the endeavor to elevate the practice of medicine, and show up in its true light irregular practice of treating the sick."

Shall We Fight Back—"Medicine has its origin in ignorance and superstition, and the wonderful progress made in this benevolent science has yet touched but a small proportion of the population of the earth," says the Atlantic Medical Journal editorially. "Even among the medical men themselves, there are 'Fundamentalists' and 'Modernists,' and it behooves the more enlightened to guard well their enlightenment lest some reactionary outburst extinguish it."

"Furthermore, it is not sufficient to fight with antiquated weapons. The old-fashioned physician thought that his defense lay in his ethics, in his strict adherence to duty. Far be it from us to belittle this point of view, for it has made medicine what it is; but in these days, when bigotry and quackery are fighting for their very life, ethics and duty are not sufficient defense. The first must be carried into the enemy territory, or medicine, like Belgium and France, will suffer all the devastation."

"In plain English—If the anti-vivisectionists and the anti-vaccinationists and the various cults are going to attack the science of medicine and endanger the public health through the legislative halls of the state, medicine must carry the fight there first. Medicine must marshal political influence by political methods if legislative results are to be obtained—and legislative results must be obtained for the safety of the people. Medicine must put behind it its traditional reluctance to enter politics, not for its own advantage, but to protect the people from their own ignorance of conditions as they are."

Important for Women Physicians—Doctor Rachel Hickey Carr and Doctor Lena K. Sadler, in urging women physicians to attend the American Medical Association meeting at Chicago (Illinois Medical Journal), made this interesting statement: "A survey of the Medical Directory of the state of Illinois records approximately 700 women physicians. Fifty are eclectics, 147 are from the homeopathic colleges, and 493 from the regular schools. Only 146 of the graduates from the regular colleges are reported as members of the American Medical Association."

Periodic Health Examination—Under this title the Maine Medical Journal says, editorially:

"How many physicians really stop and seriously consider just what this means? If John Jones comes into your office and says, 'Doc, I would like to have you go over me and see if I am O. K.' What is the usual reply? It is apt to be, 'Get to H-I-I out of here, John! You are all right.' And when you give him that generous bit of advice you honestly believe it, for you have known John for a number of years and are thoroughly familiar with his method of living, and cannot see how he could be seriously ill. But Bill Jackson comes into your office a few minutes later, with rather advanced kidney lesion, or T. B., or malignant disease, etc., and you look him over and with equal honesty say to him: 'Why in H-I-I didn't you come to me sooner, when I could have been of some help to you?'"

"Well, Doc, honest to God, can you tell what exists without a thorough overhauling?" and that means a careful check of all the various systems of the body, and both John and Bill are willing to pay for real service, but make it absolutely real and worth while to them. We are living in a more or less artificial atmosphere, and even though we know Bill and Jones intimately, we do not know all their habits of life, and perhaps the worse one is excessive eating with little or no exercise.

"Suppose, when John came to your office, you said, 'Sure, John, take off your clothes and let me examine you,' and then made a complete and thorough examination. Do you think he would refuse to pay you for your time? No, if you could assure him every six months or a year that he was O. K., he would be glad to pay you \$5 or \$10 for the information, providing you did a complete check-up, whereas, on the other hand, if you found some disease in its infancy and guided him to the road to complete recovery, monetary consideration would not be of little consideration to him.

"Now, Doc, why not sit down and seriously consider a careful systematic method of a physical examination and begin on all your cases? Advocate their coming to you regularly at stated intervals for a complete check-up, and see how much more satisfactory the practice of medicine becomes."

A Dangerous Precedent—Discussing this subject editorially, the Boston Medical and Surgical Journal says: "Health Commissioner Monaghan of the city of New York has issued an appeal that during the month of May every child in the city be given a thorough physical examination—a gigantic stock-taking of the health of this age group of the population. During this period, various baby health stations and other organizations throughout the city will place at the disposal of the public for this purpose the service of doctors and nurses.

"A widespread and continuous taking of stock of the health of all our population of all ages is a most desirable object. No group of citizens can be more desirous of preserving health than the medical profession, and the Journal is heartily behind any sound method that will help to attain this object in a manner designed to promote the best interests of the nation for all time. There are certain questions that must be raised, however, and answered; there are certain facts that must be considered before Commissioner Monaghan's plan can be given complete endorsement.

"Does the future well-being of the population depend on an efficient and well-trained medical profession? The answer must be in the affirmative. Can a profession progress continually forward and upward without the factor of a spirit of competition; a competition that brings with it the promise of the highest rewards for the greatest degree of success? Such progress without such competition is doubtful. The spirit of the profession can be preserved only by safeguarding the individual independence of its members, by answering to each one that his success need be

measured only by his ability to secure it. This assurance can be given only by preserving for the physician his right to conduct his own practice, within legal and ethical limits, according to his own ability; and for the patients his right to see medical advice according to his ability to select it and pay for it.

"Commissioner Monaghan's plan to provide free physical examinations for all who may wish them is a step in the direction of state medicine, and state medicine will spell the doom of inspiration in medical work and of unlimited medical progress. Man has accomplished little without a definite incentive—the incentive to improve his intellectual, spiritual, and physical condition. An attempt at the leveling of all men might be made, but if it were accomplished this level would be low—the valleys of mankind might be filled in, but they would be done so at the expense of the peaks. . . .

"The idea of health examinations put forth by Commissioner Monaghan is a good one; we have long advocated it; but let it come about by education of the public to an appreciation of its benefits, so that they may ask it of the medical advisors whom they themselves select, and by education of the medical profession so that it will recommend it to the public whose confidence it enjoys."

Telling Non-medical Organizations How to Practice Medicine Without a Doctor—A recently revised edition of a brochure on medicine, public health and health education written by two non-medically educated women, published by the Federal Bureau of Education, is being distributed in large numbers.

This pamphlet, like so many others of its kind, is chiefly occupied with still further magnifying those newly discovered diseases (?) "malnutrition," and "undernutrition," which appear to be reaching the stage of a great pandemic. Like others of this fast-appearing series of pamphlets, it tries to steer a safe course between the teachings of Christian Science and scientific medicine. A difficult thing to do and poorly done, as any careful reader will observe.

The following abstracts from this pamphlet are amusing or serious, as suits your fancy:

"A good school nurse is the health teacher of children, school-teachers, and parents. She is the connecting link between the school, the home, and the community."

"Only a well child can profit by instruction."

"Provide for dental work. It is less wasteful of school time to take the dentist to the school, when it can be done, than to take a group to an office where many must wait while few are served. A medical clinic might be established in like manner."

"Write to your state director of physical education, in the State Board of Education, and ask for suggestions as to corrective work for children who have crooked backs, round shoulders, one shoulder higher than the other, flat feet, and other postural defects. If you have no state director of physical education, write to the United States Bureau of Education, Washington, D. C."

"If malnutrition is your special problem, there are many sources of helpful information—your State Agricultural College, State Department of Education, State Department of Health, United States Department of Agriculture, United States Public Health Service, United States Bureau of Education, and many others."

"Teachers as well as children eat inadequate breakfasts and lunches. There is a crying need for teachers' hot school lunch and adequate rest rooms. The time will come when communities will demand that teachers as well as children be provided with cots or steamer-chairs for a noon siesta."

"Publicity—Before approaching community groups or boards of health or education, it is well to have preliminary publicity in newspapers, magazines, etc. It is often necessary to create 'news' in order to get a given subject in the papers. For example, if you wish to interest a community in providing scales for

its public schools, ample publicity can be secured through carrying out a weighing and measuring contest in one or all of the local schools. Public officials and important individuals can assist in this contest in order to provide a legitimate reason for the papers' daily stories."

"In mapping out any health campaign, it pays to spend time and energy to make as careful a plan of attack as that of a military staff before battle."

A Straw Shows the Direction of Air Currents—

"The establishment of a consciousness of the need of attacking physical defects among our school children as a part of our educational program can scarcely be overemphasized," says the Federal Commissioner of Education. "This is peculiarly true with reference to eyesight, because defective vision interferes more with educational progress than any other defect of sensation."

"Experience has clearly established that tests for defective vision may be carried out advantageously by the teachers. It is important to emphasize that suitable provisions are not now made for training teachers, school nurses, and health inspectors in the methods of making tests."

Chiropractors and the Law—A number of prosecutions and convictions of chiropractors for malpractice in various places is disturbing them more profoundly than they have ever been disturbed before. In an editorial, commenting upon the conviction of one of them recently, the New York Times says:

"Ernest G. H. Meyer, one of the too many men who, without a medical education, have engaged in the practice of medicine, was convicted of manslaughter in a Brooklyn court this week, and may receive a maximum sentence of from ten to twenty years in jail. As the jury recommended clemency, it is not likely that his punishment will be severe, but the conviction will stand as a precedent, and shows that convictions can be obtained in spite of that absence of intention to do harm which always counts so heavily with jurors—and with judges, too, for that matter."

"Meyer, who calls himself a 'chiropractor,' was summoned by misguided parents to treat a sick child. He performed some of the spinal manipulations which constitute the whole stock in trade of his class. Whatever the result of his exertions may have been, he did not discover that the child was suffering from diphtheria, a disease which almost any sane adult ought at least to suspect before it is far advanced, and a real doctor was not called in until just before the fatal termination. Then there was administered the antitoxin which in all probability would have saved the child's life if resort to it had been timely, but it was too late and the little girl died, a victim of a double ignorance. This to the jurors was manslaughter."

"One comment on the verdict heard in the courtroom was that if it is to stand any 'chiropractor' unlucky enough to lose a patient can be sent to jail. The statement will excite neither dissatisfaction nor apprehension among people fairly well informed as to the preparation necessary for the practice of medicine and who have sense enough to know that there is more in it than surgery and the giving of drugs, to which all the 'irregulars'—euphemism for 'quacks'—desperately try to confine its definition."

Hospital Ousts Osteopath—At Memphis, Tenn., the superintendent of the Baptist Memorial Hospital refused to permit an osteopath to treat patients in the hospital. Later a patient was admitted, supposedly under the care of a regular member of the staff, but who, it turned out, was the patient of the osteopath who was treating the patient. As soon as he learned of the facts, the superintendent ordered that the osteopath be refused further admission to the hospital. The osteopath endeavored to secure an injunction prohibiting the superintendent from stop-

ping his treatment of the patient, claiming that he, the osteopath, was regularly licensed and that, since the hospital was a public institution erected and maintained by public funds, its superintendent had no right to bar him from practicing in it. The attorney for the hospital argued that the hospital was responsible to the public, and had the right not only to make such regulations as would enable it to determine the character of the work being done, but also to bar anyone who did not meet the requirements. Other cases cited in which decisions had been rendered against osteopaths were the Julia F. Burnham Hospital of Campaign, Ill. and the St. Anthony's Sanitarium of Amarillo, Texas. In this instance also the decision favored the hospital, and the osteopath's injunction was denied.—Monthly Bulletin of Federation of State Medical Boards of the United States.

Economy in Care of Sick in Germany—In a discussion of this subject in Deutsche Medizinische Wochenschrift, Professor Kraus says: "Every physician shall carefully determine whether medicine is actually needed in a given case. Writing prescriptions for the sole purpose of giving the patient something should cease, since it is waste. A physician should consider whether he can accomplish the same purpose by simple therapeutic agents rather than by prescribing expensive drugs. Physicians must not prescribe more than is absolutely necessary, and they should encourage patients to prepare simple remedies for themselves. In many cases the older and simpler drugs that are cheaper than those put out by modern pharmaceutical houses will accomplish the same results. There is too much covering up of unpleasant taste of certain remedies, when it is not absolutely needed. This adds to the price. Separate powders are usually more expensive than tablets prepared in large quantities; pills can be made up at less than half the cost of powders. The cost of a trip to a spa can frequently be saved. Treatment at home can often be made to suffice. Physicians should not prescribe expensive foreign mineral waters when domestic products will serve the same purpose."

Legislative Programs—The Indiana State Medical Association has prepared an interesting legislative platform: (1) That all persons, classes, sects or cults, who pretend to recognize and treat human disease, shall stand equal before the law. (2) That one fundamental educational standard be required of all who pretend to recognize and treat human disease, and all should submit to the same license requirements. (3) That one board pass on the fundamental and professional qualifications of all persons seeking a license to permit them to offer their services to the public as one skilled in the recognition and treatment of human disease. (4) That the present law be so amended that it will prohibit any person engaging in practice, under any name whatsoever, which has for its purpose the recognition and treatment of human disease, until these principles have been complied with. (5) That nothing shall be written into the law which could in any way be construed as interfering with any method of treatment, which any person who had complied with these principles might wish to employ.—Indiana Medical Journal, April, 1924.

Fall Hay-fever—"It is time to protect the annual sufferers from fall hay-fever by giving them a full prophylactic course of pollen extract," say Parke Davis & Company. "The full course requires six to eight weeks, one injection being given every three or four days. By beginning early, severe reactions can be avoided, the first few doses being very small; and as every injection raises the patient's resistance, the gradually increasing doses that follow are usually as well borne as the first."

"While most cases of fall hay-fever are due to ragweed pollen, it is advised that a diagnostic test be made before the extract is given hypodermically,

since this takes only a few minutes of the doctor's time. The test is a cutaneous one."

What the Patient Wants—"The enlightened patient of today is not satisfied with a let-me-see-your-tongue, feel-your-pulse, are-you-constipated, here-are-some-pills kind of examination. He wants a careful going-over from his head to his toes, and if the doctor misses anything that he should have seen, woe be to the doctor."—Atlantic Medical Journal.

The Intradermal Salt Solution Test—C. A. Aldrich and William B. McClure, Chicago (Journal A. M. A.), present an analysis of the results of the application of the intradermal salt solution test in sixteen cases in children characterized by generalized edema, albuminuria, casts and in some cases red blood cells in the urine, absence of increased blood pressure, lack of nitrogen retention in the blood, and showing no evidence of cardiovascular disease. Thirteen of the cases were studied during acute attacks or exacerbations. They found that, in a general way, the greater the edema the shorter was the disappearance time, and vice versa. When tests were made on patients with developing edema, a reduction of the disappearance time preceded other clinical evidence of edema by several days. In improving edematous cases, increased disappearance time has been observed before the edema showed any apparent decrease. It has occasionally closely approached sixty minutes before the edema was entirely gone. There was no constant relationship between the disappearance time and the degree of albuminuria. There was a tendency to parallelism between the curve of the disappearance time and that of the urinary output, although the change in the disappearance time preceded the change shown on the urinary output chart in some instances. Of five patients in whom the disappearance time in the leg fell below one minute, four died. During improvement with gain of weight, due to normal tissue increase, the disappearance time curve tended to parallel that of the weight. During changes of weight due either to retention or to loss of water, the weight and disappearance time curves were in opposite directions, with few exceptions. In three cases tested only during or after convalescence, the time was more than sixty minutes. The authors regard this test as a valuable method of determining the immediate prognosis in such cases, and of showing changes earlier than are shown by any other means with which they are familiar. It is an aid in directing the therapeutic management of these cases. These results seem to substantiate the theories that the tissues in this type of case are active in the development of edema. It is emphasized that this is not a renal function test, although increase and decrease in urinary output tend to follow similar changes in the disappearance time.

Meningitis—In a list given by Josephine B. Neal, New York (Journal A. M. A.), containing 1535 cases of meningitis arranged according to age and etiology, it is seen that, with the exception of tuberculous meningitis, more cases of meningitis occur in the first year of life than in any other one year. The number of cases of meningococcic meningitis in the first year of life far exceeds those in any other year. The greatest number of cases of tuberculous meningitis is found in the second year of life. In times when there is no epidemic, the number of cases of tuberculous meningitis equals or exceeds the number of cases of meningococcic meningitis. After the meningococcus, the pneumococcus and the streptococcus are the most common causes of purulent meningitis, followed by the influenza bacillus, the staphylococcus and bacillus coli, in the order named. Cases due to the last two organisms are comparatively rare. Other pyogenic organisms occasionally cause a meningitis, and, more rarely, members of the higher group of organisms, such as the members of the streptothrix group and the pathogenic yeasts. Mixed infections are rare.

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Wesson, Miley B., Fasciae of the Urogenital Triangle. Reprinted from the Journal of the American Medical Association, Dec. 15, 1923, Vol. 81, pp. 2024-2029.

Wolfe, Samuel, Mental Instability in Ex-Service Men—How Acquired; How Remedied. Reprinted from The Military Surgeon, July, 1922.

A New Colorimetric Method for the Determination of Urea with Urease—The colorimetric method for the determination of urea in blood serum and other similar materials reported in 1920 by Nakasima and Maruoka, is worked out on the principle of Schiff's reaction, by which the urea gives a purple-red in the presence of hydrochloric acid and furfural. Nakasima has devised a method that consists in the application of stannous chlorid to make the reaction so delicate and gradual that a small variation in the urea content of the test material can be recognized through the nuance of the reaction. This reaction is specific to urea nitrogen. Nothing else in the residual nitrogen of the blood gives the same reaction except allantoin, which gives a similar one; but the reaction is slower and its color is darker. Moreover, the allantoin content of the blood is generally so small that it may almost in every case be disregarded. Therefore, this reaction is said to be first and foremost an ideal method for the determination of urea, because it is, so to speak, the direct method, while all other methods heretofore used have been indirect. One more advantage of the method lies in the fact that it can be carried out with a small quantity of the test material, and the technic is very simple. Kintaro Yanagi, Tokyo, Japan (Journal A. M. A., April 12, 1924) has perfected the method also for the purpose of clinical investigation, and has proved its delicacy and accuracy to be almost equal to those of the urease method. The possible error with this method is at the most 2.45 mg. per hundred cubic centimeters, which is also unavoidable with the urease method.

Simplicity of Technic—George de Tarnowsky, Chicago (Journal A. M. A.), pleads that operating-room ceremonial is in need of readjustment. Nurses and interns—and some surgeons—are obsessed with the belief that the preparation of the field of operation, carried out with a ritual that makes a Greek church high mass look simple by comparison, will in some mysterious way prevent post-operative shock and intestinal paresis. In the observance of this ritual there is an enormous wastage of towels, sheets, suture material and solutions. Gentleness in handling tissues is an art that needs more emphasis than it is, at present, given in our teaching and writing. Pre-operative starvation, purging and frightening are potent factors in the causation of post-operative shock, intestinal paresis and protracted convalescence. The simplest surgical technic, based on accurate anatomic knowledge of the issues involved, will give the best results.

BOOK REVIEWS

Annual Reprint of the Reports of the Council on Pharmacy and Chemistry of the American Medical Association for 1923. Cloth. Price, postpaid, \$1. Pp. 72. Chicago: American Medical Association, 1923.

This volume contains the unabridged council reports that have been adopted and authorized for publication during 1923. Some of the reports, due to their technicality, have only been abstracted in The Journal; others have been published in entirety, and still others have never been published elsewhere.

In this volume the council sets forth the reasons that certain proprietary remedies were found unacceptable for New and Non-official Remedies, the reason why it has been deemed wise to omit certain hitherto accepted articles from the present, 1924, edition of New and Non-official Remedies, and the volume also contains certain preliminary reports on products that have therapeutic promise, but are as yet in the experimental stage. There is a long report on the widely advertised Fleischmann's Yeast, which was not found acceptable. Benetol, another article that has had much mention in the daily press, receives attention. There are reports on apiol and mercurial oil, which have been omitted from New and Non-official Remedies. In addition to these types, there are preliminary reports on bismuth in the treatment of syphilis, ethylene as an anesthetic, peptone in the treatment of migraine, and tryparsamid; and there are reports of such general interest as that on intravenous therapy and that on progress and conservatism in therapeutics.

For one who wishes to be cognizant, not only of what the council has done, but why it has done it, the book will be very valuable, for it supplements New and Non-official Remedies with a more detailed account of the activities of the council during 1923. New and Non-official Remedies records those proprietary remedies which have been accepted; council reports treat those which have been found unacceptable, and those which give promise of becoming valuable.

New and Non-official Remedies, 1924, containing description of articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on January 1, 1923. Cloth. Price, postpaid, \$1.50. Pp. 422+XXXIX. Chicago: American Medical Association, 1924.

Every physician is continually bombarded with literature, scientific and otherwise, concerning the newer remedies. He has neither the time nor the opportunity to investigate all even of the more promising preparations, and obviously he cannot try them upon his patients without investigation. He must know the composition of the article, must know that the claims under which it is marketed are true; in other words, he must have some critical statement of the actions, uses and dosage, as well as of the chemical and physical nature of the product.

This need of the physician is met in New and Non-official Remedies, which is the official publication through which the Council on Pharmacy and Chemistry annually presents to the American medical profession disinterested, critical information about the proprietary preparations which the council deems worthy of recognition. In addition to the description of these proprietary preparations, the book treats those non-official remedies which, in the opinion of the council, are worthy of consideration.

As the book is designed for ready reference, each preparation is classified, and each classification is preceded by a general and critical discussion of that group. These articles are written by those who may